FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

/ / 0										
OMB APPROVAL										
OMB Number:	3235-0076									
Expires:	May 31, 2005									
Estimated avera	ige burden									
hours per respo	nse 16.00									

SEC U	SE ONLY							
Prefix	Serial							
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DATE RECEIVED								
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			and indicate ch	nange.)	PPOOR
Private placement of up to \$	250 million in limited liability	company interests		-	<u> </u>
Filing Under (Check box(es)	that apply): Rule 504	□ Rule 505	⊠ Rule 506	□ Section Alex	SLOE - OCL
Type of Filing: □ N	ew Filing Amendmer	nt		MECEINED,	DEC 0 1 200c
	A. BAS	IC IDENTIFICA	TION DATA		2000
1. Enter the information red	juested about the issuer			NOV 1 1 20	OC THOMSON
Name of Issuer (check if the	is is an amendment and name h	as changed, and indi-	cate change.)	12	FINANCIAI
Transwestern Multifamily P	artners, L.L.C.			- 1/2/	40.
Address of Executive Offices	(Number and	Street, City, State, Z	ip Code)	Telephone Number (In	Juding Area Code)
c/o Transwestern Investmen	it Company, 150 North Wack	er Drive, Suite 800	, Chicago, IL	(312) 499 1900	0
60606				\\/	
Address of Principal Business	Operations (Number and	Street, City, State, Z	ip Code)	Telephone Number (Inc	cluding Area Code)
`				<u> </u>	
Brief Description of Business	: The Company was formed pri	marily to provide me	zzanine financi	ng to real estate develope	rs and owners.
Type of Business Organizatio	n				
☐ corporation	☐ limited par	tnership, already for	med	🗷 other (please	e specify):
☐ business trust	Ing Under (Check box(es) that apply):				
		Month	Year		
Private placement of up to \$250 million in limited liability company interests Filing Under (Check box(es) that apply):					
Jurisdiction of Incorporation	or Organization: (Enter two-let	ter U.S. Postal Service	e abbreviation	for State:	•
	CN for Canad	ia; FN for other forei	gn jurisdiction)	D E	<u> </u>

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

BASIC IDENTIFICATON DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ Executive Officer □ Director General and/or ☑ Promoter ■ Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Transwestern Multifamily Partners GP, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illinois 60606 ☐ General and/or Check Box(es) that Apply: ■ Executive Officer □ Director □ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Erwin K. Aulis Business or Residence Address (Number and Street, City, State, Zip Code) c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illinois 60606 ☐ General and/or Executive Officer □ Director □ Beneficial Owner Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Douglas Crocker II : Business or Residence Address (Number and Street, City, State, Zip Code) c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illinois 60606 E Executive Officer □ Director ☐ General and/or ☐ Beneficial Owner Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Robert H. Ruffatto Business or Residence Address (Number and Street, City, State, Zip Code) c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illinois 60606 ☐ General and/or ☐ Beneficial Owner Executive Officer ☐ Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Lyons, Douglas W. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illinois 60606 ☐ General and/or Executive Officer □ Promoter Beneficial Owner Director Check Box(es) that Apply: Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

■ Executive Officer

Director

□ General and/or

Managing Partner

Robert D. Duncan

Quazzo, Stephen R.

Full Name (Last name first, if individual)

Check Box(es) that Apply: □ Promoter

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illinois 60606

c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illinois 60606

□ Beneficial Owner

Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ■ Executive Officer ☐ Director ☐ General and/or □ Promoter □ Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Edward J. Ryder Business or Residence Address (Number and Street, City, State, Zip Code) c/o Transwestern Investment Company, L.L.C., 150 North Wacker Drive, Chicago, Illinois 60606 □ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: □Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or □ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) □ Director ☐ General and/or □ Promoter ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ Executive Officer □Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A BASIGIDENTIFICATION DATA

Enter the information requested for the following:

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												Yes	No
1.	Has the iss	uer so	ld, or doe:				n-accredited c, Column 2, i			ing?			X
2.	What is the	mini	mum inve	etment that	will be ac	cented from	m any indiv	ridual?				Sno m	inimum
۷.	W Hat 15 the	· mim	mum mve.	suncii mai	will be ac	cepica noi	in any marv	100u1		***************		Yes	No
3.	Does the o	ffering	g permit jo	oint owners	hip of a si	ngle unit? .				••••••			×
4.	commission offering. I and/or with	n or s If a p n a sta	similar rei erson to b ate or state	muneration e listed is es, list the	for solice an associa name of t	itation of particular of the person in the p	purchasers n or agent or dealer.	in connec of a broke If more th	or given, detion with some or dealer man five (5) for that bro	ales of se registered persons to	curities in with the Son be listed	the EC	,
Ful	l Name (Las	t nam	e first, if i	ndividual)									
		3											
Bus	siness or Res	sidenc	e Address	(Number a	and Street,	City, State	e, Zip Code	:)					
Na	me of Assoc	inted	Droker or	Dealer									
Nai	me of Assoc	iaied .	DIOKCI OI	Dealer									
Sta	tes in Which	Pers	on Listed I	Has Solicite	ed or Inter	ıds to Solic	cit Purchase	ers					
	(Check "A	ll Stat	es" or che	ck individu	al States).				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••	. 🗆 All S	tates
[A	L] [AK	[]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[I]			[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M			[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	I) (SC	:]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	l Name (Las	t nain	e first, if i	ndividual)									
Bu	siness or Res	sidenc	e Address	(Number a	ınd Street,	City, State	e, Zip Code	:)					
Na	me of Assoc	iated	Broker or	Dealer									
Sta	tes in Which	Pers	on Listed	Has Solicite	ed or Inter	nds to Solid	cit Purchase	ers	,		•••		
	(Check "A	II Stat	es" or che	ck individu	al States).							🗖 All S	States
[A	L] [AK	71	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[]			[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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[R			[SD]	[TN]	[TX]	[UT]	[VT]	[AV]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	ll Name (Las	t nam	e first, if i	ndividual)									
Bu	siness or Re	sidenc	e Address	(Number a	and Street,	City, State	e, Zip Code	e)					
Na	me of Assoc	iated	Broker or	Dealer									
Sto	ites in Which) Perc	on Listed	Has Solicite	ed or Inter	nds to Solie	cit Purchase	ers		<u> </u>			
JIA		,										🗆 All S	States
[A	,		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[I			[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
(M	T] [NE	E]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERINGIPRIGE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already				
	exchanged.				
	v i	Δ	ggregate	A	mount Already
	Type of Security		ering Price	74	Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	0
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests			s_	0
	Other (Specify limited liability company interests)			\$ 14	44,662,000
	Total*				44,662,000
	*One purchaser has committed to invest the lesser of \$5 million or 3.33% of all sales.			_	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	the total lines. Ellier of transwer is none of zero.				Aggregate
	7		Number		Dollar Amount
	Accredited Investors		nvestors 9		of Purchases
	•				44,662,000
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
			Type of	Ι	Dollar Amount
	Type of offering		Security		Sold
	Rule 505			\$	
	Regulation A			\$_ \$	
	Rule 504			Ψ_ ¢	
	Total			Ψ_	
	Total			Ψ_	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees.			\$_	
	Printing and Engraving Costs			\$_	5,000
	Legal Fees.			\$_	320,000
	Accounting Fees			\$_	25,000
	Engineering Fees			\$_	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$_	
	Total			\$	350,000

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross 249,650,000 proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b above. Officers, Directors Payments to & Affiliates Others Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another Column Totals

E \$ 2,000,000

E \$ 247,650,000 Total Payments Listed (column totals added) **S** \$ 249,650,000 D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature Transwestern Multifamily Partners, L.L.C. November 3 2006 Name of Signer (Print or Type) Title of Signer (Print or Type) **Authorized Signatory** Dwlyons Douglas W. Lyons

CNOFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
I.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limit Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersignly authorized person.

lssuer (Print or Type) Transwestern Multifamily Partners, L.L.C.	Signature	Date November <u>\$\left\$\$</u> 2006
Name of Signer (Print or Type) Douglas W. Lyons	Title of Signer (Print or Type) Authorized Signatory	mS

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend non-ac	to sell to credited s in State l-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	See Note 1 on Page 10	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL	103	3 X		IIIVESTO73	Amount	investors	711104111		X	
AK		X							Х	
AZ	! !	Х		· · · · · · · · · · · · · · · · · · ·					х	
AR		Х							х	
CA	 	х	•						х	
co		х							х	
CT		х		4	\$65,000,000	0	0		х	
DE		х		·					Х	
DC		х						P	Х	
FL		, X							Х	
GA		Х							х	
HI		X							х	
ID		. x							х	
IL		/ X		2	\$34,662,000	0	0		X	
IN		х							Х	
IA		Х							х	
KS		Х							х	
KY		Х							Х	
LA		X							х	
ME		х							Х	
MD		X							х	
MA		х							х	
MI		х							х	
MN		х							х	
MS		х							х	

APPENDIX

1	2	3	<u> </u>		4	-å*···		5 ification	
	Intend to sell to non-accredited investors in State (Part B-Item 1)	Type of security and aggregate offering price		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes No	See Note 1 on Page 10	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО	Х							х	
MT	Х							Х	
NE	Х		1	\$20,000,000	0	0		Х	
NV	ı X							Х	
NH	Х							Х	
NJ	Х							Х	
NM	, X							Х	
NY	Х		2	\$25,000,000	0	0		Х	
NC	х							Х	
ND	Х							Х	
ОН	, x							х	
ОК	Х							х	
OR	X							Х	
PA	х							Х	
RI	Х					,		х	
SC	Х							Х	
SD	X							Х	
TN	X							х	
ТX	Х							Х	
UT	X							х	
VT	X							х	
VA	X							Х	
WA	Х							х	
WV	Х							Х	
WI	Х	1						х	

APPENDIX

1		2	. 3		4					
	non-acc	o sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	See Note 1 on Page 10	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		Х							X .	
PR		Х							х	

- 1. Up to \$250 million of limited liability company interests will be offered in all states.
- 2. One purchaser has committed to invest the lesser of \$5 million or 3.33% of all sales.